

State File No. 00082

00082

BIRTH NO.	REG. DIST. NO.	PRIMARY REG. DIST. NO.	Registrar's No.
1. PLACE OF DEATH a. COUNTY Lemay-Mo St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lemay Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Lemay Mo.		c. LENGTH OF STAY (In this place) D.D.A.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute County Hosp.		e. STREET ADDRESS (If rural, give location) Lemay 23 Mo.	
3. NAME OF DECEASED (Type or Print) Alois Schoustal		4. DATE OF DEATH (Month) (Day) (Year) 1 9 50	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married Married		8. DATE OF BIRTH 8-7-1880	
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Days Hours Min. 5 2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY unknown	
11. BIRTHPLACE (State or foreign country) Czechoslovakia		12. COUNTRY OF WHAT CITIZEN? U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Frances Schoustal			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. unknown	
17. INFORMANT'S SIGNATURE OR NAME Frances Schoustal		ADDRESS Lemay 23 Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) self-inflicted gunshot wound of chest. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 2976X	
19a. DATE OF OPERATION 1 9 50		19b. MAJOR FINDINGS OF OPERATION 976 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At home	
21c. (CITY, TOWN, OR TOWNSHIP) Lemay		(COUNTY) (STATE) St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1 9 50 A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See above			
22. I hereby certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Edward J. Willmann (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 1/10/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 1-12-50	
24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 1-10-50		REGISTRAR'S SIGNATURE Robert K. Blomke	
FUNERAL DIRECTOR'S SIGNATURE Wendell Funerals		ADDRESS 1926 Allen	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 1 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Dale A. Strainman

Licensed Embalmer No. 4533

P. O. Address 1936 Allen

Note: - The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.